	National Aeronautics and Space Administration	**NASA Leadership and Management Development Programs Participant Nomination**

1. PROGRAM REQUESTED (*Please check the program name and insert the session number on the line*)

☐ BUSINESS EDUCATION PROGRAM	BEP	_____	☐ MEP/MIP FOLLOW-ON	MEP/MIP F _____
☐ EXECUTIVE BUSINESS EDUCATION	EBEP	_____	☐ SES LEADERSHIP PROGRAM	SESLP _____
☐ MANAGEMENT EDUCATION PROGRAM	MEP	_____	☐ STRATEGIC BUSINESS MANAGEMENT	SBM _____
☐ MANAGING THE INFLUENCE PROCESS	MIP	_____	☐ THE HUMAN ELEMENT	THE _____
			☐ THE HUMAN ELEMENT FOLLOW-ON	THE-F _____

2. NOMINEE INFORMATION (*Please complete the following participant information*)

TITLE ☐ MR. ☐ MS. ☐ DR.	FULL NAME	PHONE	BIRTH (*Month/Day*)

E-MAIL ADDRESS	FAX	NAME TO BE USED ON NAME TAG	GRADE

FUNCTIONAL POSITION TITLE (*i.e., Chief, XYZ Branch*) AND ENTERPRISE

3. MAILING INFORMATION

CENTER	MAIL CODE/STOP

STREET ADDRESS	CITY	STATE	ZIP CODE

4. SPECIAL DIETARY, MEDICAL, PHYSICAL, OR OTHER REQUIREMENTS

5. PLEASE CHECK YOUR PRIMARY ACTIVITY

☐ TECHNICAL/ENGINEERING	☐ ADMINISTRATIVE/RESOURCE MANAGEMENT
☐ PROGRAM/PROJECT MANAGEMENT	☐ RESEARCH

6. NUMBER OF DIRECT REPORTS (*Individuals with whom you formulate and sign performance plans/appraisals*) _____

7. PREVIOUS MANAGEMENT DEVELOPMENT PROGRAM(S) ATTENDED

DATE	PROGRAM NAME	LENGTH

8. STATEMENT OF ENDORSEMENT BY YOUR IMMEDIATE MANAGER (*Evidence of need, ability, potential, etc.*)

CONCURRENCE SIGNATURES

IMMEDIATE MANAGER'S SIGNATURE	DATE
NOMINATING OFFICIAL'S SIGNATURE (*Center Director/Associate Administrator*)	DATE

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